

This form is suggested for consideration by the local SIG Project Evaluator for assessing the fidelity and quality of program implementation. Information on fidelity and quality of implementation is to be reported to GOSAP in Quarterly Progress Reports.

Report on Fidelity and Quality of Program Implementation

The purpose of this survey is to determine what was measured by the pre-test/post-test or other measure associated with your program: was it the program as originally designed and tested, or was it some variation on that program? If program modifications were made, test results may differ from those that would be expected if the program were implemented as originally designed, with the intended target population, taught by a trained instructor. Records of program implementation practices, reviewed in conjunction with program effectiveness measures, can inform future prevention planning.

Please complete at the conclusion of any program provided. (Example: For a twelve session program, this report would be completed at the end of the 12 weeks; if repeated 3 times, complete the report 3 times.)

SIG Project _____

Name of Program Implemented _____ Date _____

1. Did this prevention program differ from the original design?

	Yes	No	General reason for change		Description of change	Notes on specific reason for change
			Necessity	Program improvement		
1) Number of sessions						
2) Length of sessions						
3) Content of sessions						
4) Order of sessions						
5) Use of materials or handouts						
6) General location (e.g., at community center instead of school)						

	Yes	No	General reason for change		Description of change	Notes on specific reason for change
			Necessity	Program improvement		
7) Intended population (age, language, level of risk, maturity)						
8) Number of participants						
9) Instructor training						
10) Instructor/student ratio						
11) Anything else?						

2. If this is a best practice program (rigor 3, 4, or 5), did you receive guidance from the program's designer or from SoutheastCAPT in making changes? _____ Yes _____ No
Is this still considered a best practice (in the opinion of the designer/SECAPT) after you made these changes?
___Yes ___No

3. Instructor training and experience

- a. Was the instructor fully trained to implement this particular program? ___Yes___No
b. Years of experience providing prevention services? ___<1 ___ 1-3 ___ 4 or more
c. Years of experience providing social services or teaching? ___<1 ___ 1-3 ___ 4 or more

4. What was your observation of participants' general level of engagement with the program? (circle one)

Mostly engaged Little engagement/passive Not engaged/resistant

5. Instructor's general response to the program:

Enjoyed Neutral/perfunctory Tedious/resistant

6. Would you use this program again, given the opportunity?

Yes/Probably Maybe Unlikely

Adapted by PolicyWorks, Ltd. from an instrument developed by the Washington State Incentive Grant Evaluation Team, September 2000.